

**Abstract 305**

**TITLE:** Demographic Characteristics and Drug Using Behaviors Among Aboriginal Injection Drug Users in Canada

**AUTHORS:** Nguyen M, Lior L, Wilk T., Archibald CP (Laboratory Center for Disease Control, Canada)

**OBJECTIVE:** To examine the demographic characteristics and drug using behaviors among Aboriginal injection drug users (IDUs) in Canada.

**METHODS:** AIDS data were derived from the Canadian AIDS Case Reporting and Surveillance System. Drug using behavior data were obtained from five studies with Aboriginal identifiers (First Nations, Inuit, Metis): the Vancouver Injection Drug User Study, the Edmonton Needle Exchange Program Study, the Winnipeg Injection Drug Epidemiology Study, the Ontario Needle Exchange Program Study and a study among inmates in Springhill Institution, Springhill, Nova Scotia.

**RESULTS:** Aboriginal people are disproportionately affected by IDU. As of December 1998, 36.1% (n=321) of Aboriginal AIDS cases reported in Canada were attributed to an IDU category (IDU or IDU/MSM) compared to 9.5% (n=12,446) of non-Aboriginal AIDS cases. The proportion of adult Aboriginal AIDS cases with any IDU as a risk factor has dramatically increased over time, from 6.3% (<1989) to 25.4% (1989-93) and 51.2% (1994-98). Recent studies (1996-98) have found that Aboriginal people make up 25% of the IDUs studied in Vancouver (n=1,276), 66% in Edmonton (n=100) and Winnipeg (n=1069), 11% in Ontario (n=551), and 6.7% in Springhill Institution (n=194). Furthermore, 79% of the Aboriginal IDUs in Vancouver live in unstable housing, and women account for 15.3% to 52% of the Aboriginal IDU participants. Cocaine is the drug of choice for 55-90% of Aboriginal IDUs. When compared with non-Aboriginal IDUs, Aboriginal IDUs in Vancouver and Winnipeg are less likely to have shared needles with or borrowed from others in last 6 months (33% vs 45-75%); and those in Vancouver, Winnipeg, Ontario were less likely to be currently on methadone treatment (3% vs 14-24%). Other data such as when last injected, frequency and duration of injection, and mobility will be presented.

**CONCLUSION:** Evidence suggests that Aboriginal people are overrepresented in the IDU population in Canada, and that patterns of drug injecting behavior and access to methadone treatment among Aboriginal IDUs and non-Aboriginal IDUs are different. It is important to understand these characteristics to better develop culturally appropriate HIV prevention and care programs for Aboriginal IDUs.

**PRESENTER CONTACT INFORMATION**

**Name:** Mai Nguyen

**Address:** Bureau of HIV/AIDS, STD and TB-Tunney Pasture, PL 0900B1  
Ottawa, ON K1A 0L2

**Telephone:** (613) 954-5168

**Fax:** (613) 954-5414

**E-mail:** mai\_nguyen@hesc.qc.ca